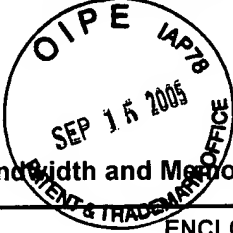


## TRANSMITTAL FORM

Attorney Docket No.  
**P203/1757P**In re the application of: **Eric C. ANDERSON**Confirmation No: **1357**Serial No: **09/680,612**Group Art Unit: **2141**Filed: **October 6, 2000**Examiner: **Coulter, Kenneth R.**For: **Transmission Bandwidth and Memory Requirements Reduction In A Portable Image Capture Device**

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group
<input type="checkbox"/>	<input checked="" type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Notice of Appeal
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Brief
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard
<input type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer		
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers		
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address		
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to .			
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)				

## CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	32	32	0	\$ 50.00	\$ 0.00
Independent Claims	4	4	0	\$200.00	\$ 0.00
				Total Fees	\$ 0.00

## METHOD OF PAYMENT

<input type="checkbox"/>	Check no. _____ in the amount of \$ _____ is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group LLP).

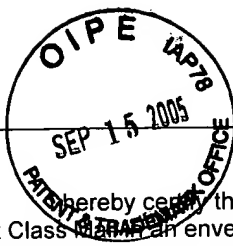
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Stephen G. Sullivan, Reg. No. 38,329
Signature	
Date	September 13, 2005

## CERTIFICATE OF MAILING

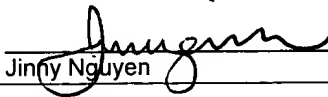
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on <b>September 13, 2005</b>	
Type or printed name	Jinny Nguyen
Signature	

AF  
ZTW



CERTIFICATE OF MAIL

hereby certify that this correspondence is being deposited with the United States Postal Service as First Class ~~in an~~ envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on **September 13, 2005**.

  
Jinny Nguyen

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In Re Application of:

Date: September 13, 2005

Eric C. ANDERSON

Confirmation No.: 1357

Serial No: 09/680,612

Group Art Unit: 2141

Filed: October 6, 2000

Examiner: Coulter, Kenneth R.

For: TRANSMISSION BANDWIDTH AND MEMORY REQUIREMENTS  
REDUCTION IN A PORTABLE IMAGE CAPTURE DEVICE BY  
ELIMINATING DUPLICATE IMAGE TRANSMISSIONS

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE AFTER FINAL OFFICE  
ACTION UNDER 37 CFR 1.116**

Sir:

In response to the Final Office Action dated July 13, 2005, please consider the following remarks.

**Remarks/Arguments** begin on page 2 of this paper.